


**ORDER OF SUSPENSION
(by Chief of Police)**

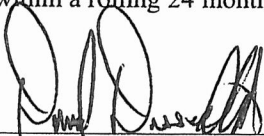
June 25, 2018

TO: Officer Thomas Wysocki


You are hereby notified, pursuant to Section 5/10-2.1-17 of Chapter 65 of the Illinois Compiled Statutes, that you are suspended as a Police Officer of the Police Department of the Village of Norridge, for a period of two (2) days June 29, 2018 and July 1, 2018 for the following reason:

That on to-wit, June, 11, 2018 on or about 5:07 PM, Officer Thomas Wysocki, being a member of the Norridge Police Department, assigned to unit 505, was involved in a crash with a parked vehicle while traveling northbound on the 4800 block of Ozark during routine patrol. Officer Wysocki was determined to have failed to exercise reasonable and due care by the accident review board. Officer Wysocki was involved in a previous preventable accident on May 31, 2018..

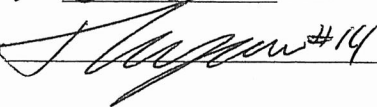
In violation of the Rules and Regulations and Policies and Procedures of the Police Department of the Village of Norridge, State of Illinois, as passed and approved by the Village of Norridge President and Board of Trustees and effective on the 1st day of March, 2014, that at said time and place Officer Thomas Wysocki was guilty of violating Rule 2.33.2 Proper Use of Motor Vehicles and General Order 14-04 Section III 2c ii. Which states for a second finding of a classification II crash by the accident review board within a rolling 24 month period a two day suspension will be imposed on the officer.



Dave Disselhorst
Chief of Police
Norridge Police Department
Norridge, Illinois

Received a copy of the above Order of Suspension this

26 day of June 2018

Signed: Officer 

Cc: Board of Police and Fire Commissioners
Ursula Kucharski, Chairperson Police Committee

Norridge Police Department
Accident Review Board

Date Assigned	Member	Present	Excused	Unexcused
5/1/2003	Officer Malicki	X		
7/15/2016	Corporal Wendt	X		
10/01/2016	Officer Smith	X		
6/28/2017	Sergeant Rice	X		

Review Date: 6/24/18
Officer: Officer Wysocki #14

M/V Crash Incident Number: 18-005554
Squad: #505

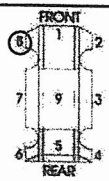
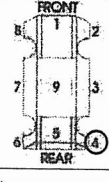
1. Classification I
 - a. The incident was NON-Preventable and the employee was not at fault. Caution was apparently exercised.
 - b. The employee was legally parked or standing.
 - c. The employee was aware of the impending hazard, was alert to the consequences and skillful in minimizing the effect of the hazard.
 - d. In incidents the board resolves to be Classification I, no disciplinary action will be taken.
2. Classification II
 - a. The employee failed to exercise reasonable and due care.
 - b. The employee deviated inexcusably from department rules, regulations, procedures and/or general safety practices.
 - c. In incidents the board resolves to be Classification II, disciplinary action recommended may be:
 - (i) For the very first incident of record for the employee in a rolling 24 month period, a letter of reprimand will be issued and attendance and successful completion of a Defensive Driving Course may be ordered. Only one letter of reprimand may be issued during the 24 month period in which the incident occurred.
 - (ii) For a second Classification II finding by the board in the 24 month period a 2 day suspension without pay shall be imposed.
 - (iii) For a third Classification II finding by the board in a 24 month period, a 3 day suspension without pay shall be imposed.

Recommendation: The board unanimously agreed on 2c (ii).

Sheet 1 of 1 Sheets



* X001176965 *

DRAC 1		1		PEDV		TRFD 2		TRFC 4		1		14		U2 1		U1 1		U2 1		U1 1		U2 1		VEHD 1		1		LGHT 1		COLL 12		MANV 9		11		PPA		PPL		IY002		*X001176965*																																																															
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1 <input checked="" type="checkbox"/> 11 1														PROPERTY OWNER ADDRESS										CITY										STATE										ZIP										PRIMARY 03										20										If YES check one below: <input type="checkbox"/> Construction <input type="checkbox"/> Maintenance <input type="checkbox"/> Utility <input type="checkbox"/> Unknown work zone type																															
2 <input type="checkbox"/>																																																						SECONDARY 18																																																			
3 <input type="checkbox"/>														ARREST NAME										SECTION										CITATION NO.																																																																							
UNIT 2 1 <input checked="" type="checkbox"/> 11 1														ARREST NAME										SECTION										CITATION NO.										DATE POLICE NOTIFIED																																																													

X001176965		A Diagram and Narrative are required on all Type B crashes, even if units have been moved prior to the officer's arrival.	
NARRATIVE (Refer to vehicle by Unit No.) In Summary, Unit 1 was S/B in the 4000 block of Olcott turning W/B Irving Park Road preparing to go to an emergency call. Unit 2 was stopped at a stop sign waiting for traffic to clear to continue S/B Olcott from the 4000 block. Unit 1, with it's front driver side bumper struck Unit 2 in the rear passenger side bumper causing scratches to both. Driver of Unit 1, per Norridge Department Policy, was required to seek medical attention at the Presence Immediate Care. Unit 2 did not require any medical attention. No tows were required due to minimal damage.			
LOCAL USE ONLY			
Motorist 1 Report No: N 41.9525		Motorist 2 Report No: W -87.8145	
U1 Color: White	U2 Color: Silver, Aluminum	U1 Race: W	U2 Race: W
U1 Towed by / to:		U2 Towed by / to:	

COMMERCIAL MOTOR VEHICLE (CMV)		
IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS.		
A CMV is defined as any motor vehicle used to transport passengers or property and: 1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or 2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or 3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or 4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or 5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).		
UNIT _____		
CARRIER NAME _____		
ADDRESS _____		
CITY/STATE/ZIP _____		
USDOT NO. _____ ILLCC NO. _____		
Source of above info. <input type="checkbox"/> Side of Truck <input type="checkbox"/> Papers <input type="checkbox"/> Driver <input type="checkbox"/> Log Book		
Gross Vehicle Weight Rating (GVWR). _____		
Were HAZMAT placards displayed on the vehicle ? <input type="checkbox"/> Y <input type="checkbox"/> N		
If yes, name on placard _____		
4-Digit UN no. _____ 1-digit Hazard Class no. _____		
Did HAZMAT Spill from the vehicle (do not consider fuel from the vehicle's own tank) ? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK		
Did HAZMAT Regulations violation contribute to the crash ? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK		
Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash ? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK		
Was a Driver/Vehicle Examination Report form completed ?		
HAZMAT <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK Out of Service ? <input type="checkbox"/> Y <input type="checkbox"/> N		
MCS <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK Out of Service ? <input type="checkbox"/> Y <input type="checkbox"/> N		
Form No. _____		
IDOT PERMIT NO. _____ WIDE LOAD ? <input type="checkbox"/> Y <input type="checkbox"/> N		
TRAILER WIDTH(S): 0-96" 97-102" >102"		
TRAILER 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
TRAILER 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft		
TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____		
CRASH LOCATION: <input type="checkbox"/> CITY OF OR <input type="checkbox"/> NEAREST CITY		
_____ MILES N E S W OR _____		
CIRCLE ONE CITY NAME _____		
SELECT CODES FROM BACK COVER OF CRASH BOOKLET:		
VEHICLE CONFIGURATION _____		
CARGO BODY TYPE _____ LOAD TYPE _____		

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



IY002



* X001189023 *

DRAC U1 1	U2	PEDV	TRFD 1	TRFC 1	WEAT 1	DRVA 16	U2 1	VIS U1 1	U2 1	VEHD U1 1	U2 1	LGHT 1	COLL 9	MANV U1 1	U2 21	PPA	PPL					
INVESTIGATING AGENCY Norridge Police Department						DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input type="checkbox"/> \$500 OR LESS <input checked="" type="checkbox"/> \$501 - \$1,500 <input type="checkbox"/> OVER \$1,500			TYPE OF REPORT <input checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED			A No Injury / Drive Away <input checked="" type="checkbox"/> B Injury and / or Tow Due To Crash			AGENCY CRASH REPORT NO. 18-005554		TRFW 1					
ADDRESS NO. 4841		HIGHWAY OR STREET NAME N OZARK AVE						City NORRIDGE		Township		INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		DATE OF CRASH 6/11/2018		TIME 5:07 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		LARS CODE		VEHT 1		
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CITY NORRIDGE						STATE IL		ZIP 60706		INJURY O		EJECT 1		VIN 2FABP7BV3BX104420						RSUR 1		
TELEPHONE (708) 453-4770						DRIVER LICENSE NO. [REDACTED]		STATE IL		CLASS D		VEHICLE OWNER (LAST, FIRST, M.I.) VILLAGE OF NORRIDGE						INSURANCE CO. Underwriters at Lloyd's of London		VEHU 6		
TAKEN TO Refused						EMS AGENCY		OWNER ADDRESS (STREET, CITY, STATE, ZIP) 4020 N OLCOTT NORRIDGE, IL, 60706						TELEPHONE (708) 453-4770		POLICY NO. BGA30005406		U1 1				
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TELEPHONE						DRIVER LICENSE NO. [REDACTED]		STATE		CLASS		VEHICLE OWNER (LAST, FIRST, M.I.) [REDACTED]						INSURANCE CO. Geico		U1 96		
TAKEN TO						EMS AGENCY		OWNER ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]						TELEPHONE (773) [REDACTED]		POLICY NO. [REDACTED]		U2 1				
(UNIT) (SEAT) (DOB) (SEX) (SAFT) (AIR) (INJ) (EJECT)						PASSENGERS & WITNESSES ONLY						(NAME) / (ADDR) / (TEL)						(HOSP)		(EMS)		U1 0
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X001189023

A Diagram and Narrative are required on all **Type B** crashes,
even if units have been moved prior to the officer's arrival.



Ozark Avenue

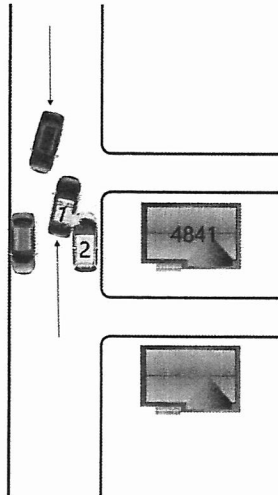


Diagram Drawn Not To Scale

NARRATIVE (Refer to vehicle by Unit No.)

R/O spoke to driver of Unit 1 who related the following in summary:

Driver of Unit 1 was driving his unit northbound on the 4800 block of Ozark Avenue.

Driver of Unit 1 observed an oncoming vehicle traveling southbound on the 4800 block of Ozark Avenue in his direction. Driver of Unit 1 moved right and the driver of the oncoming vehicle did the same to allow each other room to pass between parked cars. While passing Driver of Unit 1 struck the front driver's side fender of Unit 2 with the passenger side rear tire well of Unit 1. Unit 2 was parked and unoccupied. There were no reported injuries. Neither vehicle had to be towed from the scene.

LOCAL USE ONLY

Motorist 1 Report No: **N 41.9682**Motorist 2 Report No: **W -87.8204**U1 Color: **White**U2 Color: **White**

U1 Race:

U2 Race:

U1 Towed by / to:

U2 Towed by / to:

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A
ADDITIONAL UNITS FORMS.A CMV is defined as any motor vehicle used to transport
passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

UNIT _____

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO. _____ ILLCC NO. _____

Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

Gross Vehicle Weight Rating (GVWR). _____

Were HAZMAT placards displayed on the vehicle? ☐ Y ☐ N

If yes, name on placard _____

4-Digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT Spill from the vehicle (do not consider fuel from the vehicle's own tank)? ☐ Y ☐ N ☐ UNKDid HAZMAT Regulations violation contribute to the crash?
☐ Y ☐ N ☐ UNKDid Motor Carrier Safety Regulations (MCS) violation contribute to the crash? ☐ Y ☐ N ☐ UNK

Was a Driver/Vehicle Examination Report form completed?

HAZMAT ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ NMCS ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ N

Form No. _____

IDOT PERMIT NO. _____ WIDE LOAD? ☐ Y ☐ N

TRAILER WIDTH(S): 0-96" 97-102" >102"

TRAILER 1 ☐ ☐ ☐TRAILER 2 ☐ ☐ ☐

TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

CRASH LOCATION: ☐ CITY OF OR ☐ NEAREST CITY

_____ MILES N E S W OR _____

CIRCLE ONE CITY NAME

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____